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ORIGINAL COMMUNICATIONS.

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SNEEZING.

BY F. CORNWALL, M. D.

The act of sneezing is produced by irritation of the sensory nerves (the nasal branch of the ophthalmic, the vidian and nasopalatine), which are distributed to the Schneiderian membrane. The irritation may be said to arise from a congestion; at least congestion or hyperæmia always accompanies the irritation. This congestion may be caused by particles of matter from the atmosphere being deposited on the membrane or by a deficient capillary circulation in some remote part of the body, the extra amount of blood being driven to this part. Persons who are delicately constituted, and more particularly those who suffer from vaso-motor disturbances, have their surface circulation easily disarranged by vicissitudes of temperature. The circulation at the extremities being weakest, and also these parts being the least protected by clothing, is most likely to become influenced.

It is difficult to determine why these congestions should so often occur in the Schneiderian membrane in preference to other mucous membranes, but one thing we know and that is, where the feet are cold the head is likely the reverse. Perhaps one reason why congestions so often attack this part is owing to the

great vascularity of its structure compared with other mucous membranes. It is a fact that many persons whose mucous membranes are in a perfectly healthy state in other parts of the respiratory tract are constantly afflicted with congestion of the mucous membrane of the nasal fossæ. It would seem that local irritants carried by the act of inspiration forcibly against this part, has much to do with aggravating and perpetuating this malady. Some one may say that it has its cause in a constitutional dyscrasia, like struma; but why should the Schneiderian membrane be the localization of all these constitutional states? Of course the extra glandular structure of this membrane does in a measure favor hyperplastic deposits, but not to the extent to account for the almost universal hypertrophy of these parts.

We may rationally conclude, then, the reasons these parts are so commonly affected are: first, that foreign articles are inspired more or less constantly, which may induce a mild congestion; second, that these parts being naturally very vascular are easily affected in this way; third, that retrocession of the circulation from remote parts will likely determine the surplus to this already weakened and congested part; and, fourth, that the elaborating powers being in a low state, will favor structural changes, either simply hypertrophic or neoplastic.

I give the foregoing conjectures as food for thought regarding the cause of the too common affection, chronic nasal catarrh.

Coming back to the subject of our text, "Sneezing." This is one of the first symptoms in the developing stage of nasal catarrh by which we may be guided in the administration of remedies. It is this chronic state of extra vascularity which excites the glands of the mucous membrane to undue activity and finally induces organic changes in the mucous membrane and the sub-mucous cellular tissues.

As a remedial expedient we will scarcely be able, to an appreciable extent, to control the amount of foreign irritants coming in contact with the mucous membrane, but in the management of some cases it may be thought of. There is one remedy that is of great importance to prevent the temporary congestions which cause sneezing. These parts become so sensitive that every slight cooling of the surface gives rise to turgescence, and then the

sneezing comes. If you can equalize and strengthen the general circulation against these vicissitudes of temperature these congestions will be prevented. This remedy is quinine. In the first stage of nasal catarrh, the hypertrophic form, when the patient complains of taking cold constantly and that his nose is stopped nearly all the time, this remedy if it is not otherwise contraindicated, will act very promptly and satisfactorily. If the patient is strumous so that hyperplasias might follow these prolonged congestions, it would be necessary, in addition, to use means, hygienic and medicinal, to raise the standard of vitality.

In the use of quinine to prevent taking cold it had better be given in two or three grain doses. This is a favorite formula in many cases:

R Quiniæ sulph., 3j.
Acid phospho. dil., 3iii.
Tr. ferri chlo., 3ii.
Elixir simplicis, ad 3iv.

M. Sig. Teaspoonful three times a day.

Of course local treatment is not to be neglected. Mild astringent sprays may be used with a perfume atomizer several times a day.

SPURIOUS PREGNANCY.

BY O. A. PALMER, M. D., CENEVA, O.

Pseudocycsis is a condition that is liable to come before us, and if we are not thinking about it we may be badly left. It generally occurs in women who have passed the change of life. It may be seen in young married woman or the unmarried that have given themselves a chance to become pregnant. The first case that came under my observation gave the following history: About one year after marriage the abdomen began to enlarge; menstruation ceased; milk was secreted in the breasts; morning sickness. She was certain she could feel the motion of a child in the womb. This young lady had been examined by a number of physicians. They gave it as their opinion that she was truly pregnant. They failed to make the proper examination to de-

termine the exact condition. Judging from her story one would conclude that there must be a true pregnancy. I felt positive that this was the case until I examined the uterus. I soon found that it was nearly normal. I found, also, a chronic inflammation of the right ovary. The left ovary was a little tender. She was informed that she was not in a "family way," and that all her trouble would pass away by treating properly the diseased condition of the ovaries. After a few weeks' treatment she claimed to be as well as ever. In some cases the symptoms will last for months and finally disappear.

Some years ago an old physician stated to me that he had a case of spurious pregnancy that persisted until the end of the nine months, when a spurious labor came on and lasted for nearly one day. The symptoms of spurious pregnancy are constitutional and generally depend upon some abnormal condition of the ovaries. The presence of flatus in the bowels usually accounts for the enlargement of the abdomen. The passage of the wind along the intestines is taken for the motion of the child. The enlargement in some cases may be owing to an increased deposit of fat in the abdominal walls. We must not fail to examine the uterus whenever we wish to be certain in our diagnosis. There are some diseases of the generative organs that cause some of the same symptoms that pregnancy does; as collections in the womb of menses, water or air, fibroid tumors of the uterus, ovarian tumors, etc. We can generally find out what is the matter by making a physical examination and fully considering all the symptoms in each particular case.

SOFT AND HARD CHANCER.

BY H. T. WEBSTER, M. D.

The difference between these local manifestations is well marked, yet some pathologists persist in classing them together as common evidence of constitutional contamination, instead of ascribing the soft chancre to a local irritant, and the hard chancre to the result of an incubation, and consequent deposit of syphilitic virus in the tissues at that point.

In the soft chancre, some irritating material sets up an immediate inflammation and ulceration, this becoming manifest within five or six days after impure contact. While in the indurated or hard ulcer the induration does not become manifest for three or four weeks after the inoculation, and is an evidence that a constitutional change has been undergone.

The hard chancre may be known by the history of the case, if this can be correctly gained. Contact, followed by immunity from local lesion for twenty-four days or thereabouts, then a hardening of the tissues for a limited space at the point of inoculation, then an indolent ulceration, springing from a papule on its surface. The ulceration will be slow and indolent, without much suppuration, the pus being tenacious, and exuding from a hardened bed, the edges of which are raised and sloping from the surrounding tissue. Evidence of the constitutional character of this lesion follows its appearance about eleven days after the period of induration. A painless enlargement of the lymphatic glands communicating with lymphatics having their origin near here now occurs. This enlargement is usually painless and not attended by suppuration. In from four to six weeks from this time, eruptions appear upon the body, throat and fauces, affording still further testimony to the constitutional character of the lesion. Further, hard chancre is always single.

Soft chancre has none of these concomitants. It is simply an ulceration of the genitalia. Hard chancre may be inoculated upon any part of the body where mucous membranes exist. Soft chancre is peculiar to the genitals. It is marked by a more active character of ulceration than hard chancre, being very destructive in some cases. The edges are soft, and on a level with surrounding tissue—not raised as in the case of the true syphilitic chancre. The bottom of the soft chancre is spongy, not firm, as in the indurated chancre, and it inclines to excavate and spread into surrounding parts. It may be multiple also.

The mixed chancre is the result of a true syphilitic inoculation in which the virus is mixed with the irritating material that produces the soft chancre or local ulcer. In this case, the sore appears soon after inoculation, and presents the general symptoms of the soft chancre; but the period of incubation is followed

by the lymphatic enlargement in about eleven days, and in a month or six weeks the eruption appears. The induration at the point of inoculation does not become evident here, probably for the reason that the extensive ulceration which precedes its deposition has prepared the way for its immediate destruction. These cases of mixed chancre have furnished argument for the *unicists*.

The terms that have been applied to the two kinds of chancre lead to some confusion. The ulcer of true syphilis has been termed *chancre*, by some, and in contradiction the local sore has been termed *chancroid*. Others define the indurated ulcer of syphilis as the *syphilitic* ulcer, and term the local disease *chancre*. Others, again, term the indurated sore of true syphilis the *hard chancre*, and the local lesion the *soft chancre*.

FUCUS VESICULOSUS.

BY CHARLES S. CLARK.

COMMON NAME.—Twin-bladder Fucus; Bladder-weed; Sea-weed; Rock-weed; Bladder-wrack.

HABITAT.—Along the seashore, on rocks and stones left exposed at low-water; also on artificial piers and quays, as long as the water remains sensibly brackish, it can be found, both in summer and in winter, in great abundance.

This drug was first brought to the notice of the profession by a French physician, M. Duchesne Duparc, by name. Its virtues were formerly ascribed chiefly to carbonate of soda, in which it was said to abound; but, since the discovery of the medical properties of iodine, this has been considered as its most active ingredient. Dr. Russell applied the mucus contained in the vesicles as a resolvent, in scrofulous tumors, but with what success I am unable to say. M. Duchesne, learning of its local reputation as a remedy in inveterate psoriasis, gave it a thorough trial, and found it wanting; but he observed an unexpected effect, *that of diminishing fat without in other respects injuring the health*. He was then induced to try it as a remedy for morbid obesity, with very gratifying results. He employs the whole plant, either in substance, or in pill form, in decoction or extract, noting as

one of the first symptoms of its favorable action in diminishing fat, the increase in the quantity of urine, and the appearance of a black pellicle on its surface after standing for a short time.

At this age of the world, non-vital temperments appear to predominate, and one of the essential elements of deterioration is obesity or a lymphatic habit. Hereditary tendency, over-eating, want of proper exercise, sedentary habits, inattention to the excretions and secretions, over-stimulating drinking, carbonaceous food, absence of sunlight etc., are all productive of it. The true condition is the excess of fat; a non-vital element, not a usurpation of the normal structures by adipose tissue, but an excessive secretion of fat.

"A Physician," writing of its action in *New Preparations*, reports the case of a lady whose weight was three hundred pounds; married; who always aborted during the second or third month of pregnancy; menstruation very irregular, and a great sufferer from both amenorrhœa and dysmenorrhœa, cured by using the fucus, first in 3i doses, afterwards increasing to 3iii, three times a day before meals, and prohibiting the use of all starchy and saccharine articles. After using twelve pound-bottles of the fluid extract, he pronounced her cured, and her weight diminished to one hundred and ninety pounds. The writer failed to append his name.

Anyone who has ever visited the seashore, anywhere from San Francisco to San Diego, must have noticed the almost innumerable species of seaweed scattered along the beach. Some of them are quite different in appearance, while others are so nearly alike in their appearance as to require a careful comparison in order to distinguish any difference. This is particularly so in the fucus vesiculosus, and fucus nodosus. M. Duchesne gives the following description of the fucus vesiculosus: "This seaweed is perennial, with the frond or leaf flat, smooth and glossy; from one to four feet long, from half an inch to an inch and a half broad, furnished with a mid-rib throughout its entire length; dichotomous; entire upon the margin, and of a dark olive-green color. Small, spherical shaped vesicles, filled with air, are immersed in the frond near the mid-rib. This air is not of the exact composition of atmospheric air, consisting, according to the analysis of

M. Earnest Braudrimont, in one instance, 28.3 per cent. of oxygen and 71.6 per cent of nitrogen; in another, of 26.5 per cent. of oxygen and 73.5 of nitrogen."

M. Duchesne claims the fucus nodosus to be an almost inert agent, and the failures to cure are attributed by him to a mistaken identity of the two plants. He says he has frequently had the fucus nodosus offered him by reliable druggists for the true fucus. A. F. Pattee, M. D., in the *Druggists' Circular*, claims that all the different species of fucus have similar properties; that no particular care need be taken in gathering. Dr. Pattee says he has used it since 1860, and has cured several cases of morbid obesity, by administering freely of a tea made from the weed. He thinks the decoction the most eligible form in which it can be taken.

Your humble servant having had a little experience with this weed, would like to relate the same. Last summer, while visiting in the country, I thought I had found a perfect subject to try the efficacy of this drug upon.

Mrs. S——, age 64 years, short in stature, measuring only five feet, two and a half inches, weighing two hundred and twenty-six pounds; lymphatic temperament; the mother of eight children, five of them living, the other three having died in infancy or early childhood; had always possessed a good constitution and enjoyed good health, until about twelve years ago, when she began to take on flesh rapidly, and at the same time noticed occasional pains in her knee joints. This, however, she attributed to taking cold, and supposed it to be rheumatic in character. At the time of treatment, her knees were so lame she could not lift herself out of a chair, without taking hold of something; nor could she walk across the floor unaided. Here was a typical case. Belly pendulous; tissues soft and flabby, lying in great rolls; appetite poor, eating only two light meals a day; urine scanty and quite fetid; no thirst and very despondent. Such was the condition of my patient.

After gaining her consent, I sent to San Francisco, to Messrs. Boericke & Schreck, for a bottle of fucus, mother tincture, and began giving her gtt. x to aqua 3i three or four times a day, at the same time examined her knees and found a tender spot ex-

ternal and lateral to each patella. These I proposed to treat externally with a faradic battery, (there was no œdematous condition of her knees. At the first application of the battery I tried the primary current, but as it was scarcely perceptible, had to change it to the secondary current, placing the negative sponge under her foot, I treated with the positive. The result of this first treatment was an unpleasant heat in the knee and foot that lasted nearly all night. However, she thought she was not so lame in the morning. This being a chronic case, I thought best not to push the treatment; so I used the battery at night only, on her retiring. The second night her knees were so sensitive to the current that we had to change it back to the primary current again. Although less painful to the touch, this treatment was continued, gradually increasing the dose of fucus, until, at the end of the first week, she was taking 3i doses and could walk around the house unaided, her knees gaining very rapidly from the use of the battery.

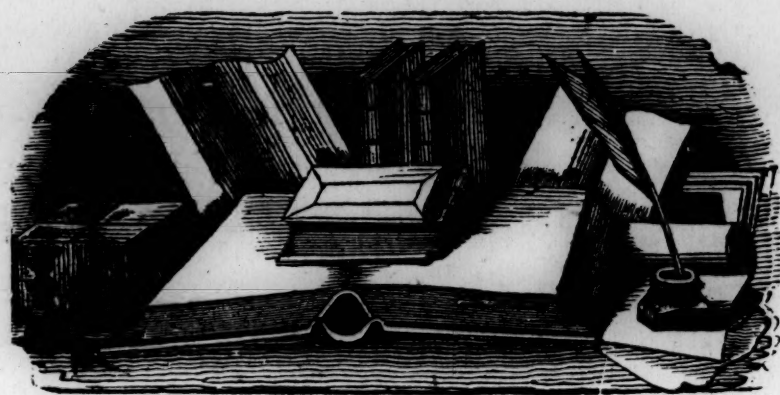
I now began to look for those changes to take place in the urine that I had so often read of but they did not come; still I did not permit my courage to droop, but kept on working and hoping. At the end of the second week she could step in and out of the house without very much pain. I now also began to notice a change in the urine, though very slight, and also in her appetite. She took a larger quantity of food at each meal, but only the usual meals. (Breakfast about eight and lunch from one to two.) From this time on she voided more urine, until the quantity reached nearly two quarts in twenty four hours, being compelled to get up often twice in the night to relieve herself. I would here state that the urine from being high colored and fetid, had changed to a nearly colorless, limpid nature, without any particular odor.

Now comes the strangest part of the story. We could not gain a particle, the urine remaining about the same for some days; then gradually to grow less, and during the whole course of treatment we never found the dark colored pellicle that was always seen by others; nor was there any decrease in weight worth speaking of. This much I will say however, she was more cheerful and said she felt lighter and more like moving around, im-

agined her clothes were too large for her, but the scales failed to prove she was any lighter than at the beginning. The urine finally came down to about two pints in twenty-four hours and remained so until I left.

There is a query in my mind in regard to this case. Why after voiding such a quantity of urine and not increasing the quantity of fluids taken, was there no decrease in the weight of the patient? Why after reaching such a standard did she gradually go back to nearly where she was in the beginning? Did the fucus have any action on the ligaments and membranes of the knee joints? I am free to confess that to the last question, I do not believe it had, and shall always give the battery credit for that part of the cure. There is one thing, however, that will always militate against the fucus, and that is the quantity necessary to be taken, and the length of time it must be continued as it is very disagreeable, and after a patient has taken it for a month or so he thinks the remedy is worse than the disease as a usual thing, and is perfectly willing to cry quits if the doctor is.

In conclusion I would say I do not doubt but there may be some good thing in this Israel, judging from the primary action of the drug; and I verily believe there are cases where it will produce all the changes that have been claimed for it. Dr. Pattee, whom I have before referred to, claims this plant to be equally beneficial for lean people to use to make them fat and plump. Why not? Could it not, by changing the unknown morbid condition that exists in either case, regulate the functions of assimilation to a healthy condition, and thus bring the system to a *natural and healthy state*? Again, where there is a *functional* derangement of the menses, depending upon some fault of nutrition, or from plethora as excessive obesity, the medicine should act promptly. When I reach my home in the southern part of this State, I propose to gather a quantity of this weed, and endeavor to enlist typical patients of both the fat and the lean kinds, where their trouble appears to center around the one nucleus, "malnutrition," make careful notes and give you the result. At present I believe it will be found to be valuable in such diseases as cutaneous infiltration, passive dropsy, atonic gout, indigestion accompanied by flushing of the face, chronic cystitis, irritable bladder, etc., including the grand central point, malnutrition.



EDITORIAL.

To the Alumni Association of the California Medical College.—The time is rapidly approaching for the Second Annual Meeting of the Alumni Association of the California Medical College. The attention of all graduates is called to this fact, and it is earnestly requested that they forward their names and become united with us. We hope to have each one enrolled by next April. We hail with pleasure the change of the State Society's meeting to that month. More inducement will thus be offered to members of the profession to be present at the commencement exercises, and more interest will accrue than at any other date. Send your name and one dollar for annual dues to the Secretary, Dr H. T. Webster, who will furnish any further information; or, to Dr. R. W. Musgrave, President, Hanford, California.

Spring Fever.—At the present writing, while our colaborers in the East are enjoying the exquisite luxuries of frost, snow and mud in a general compound, attended with an occasional and brief ray of sunshine, the spring fever is on us of California. The weather, seldom or never oppressive on this Coast, has been so nearly so that the editorial energies are wilted and the present number must depend upon something besides the editorial department for interest.

However, the Eclectics of this Coast, outside of the immediate neighborhood of San Francisco, cannot ascribe their apathy to

this source. Spring, summer, autumn, and winter seem all alike to many of them so far as contributing to the JOURNAL goes.

All our readers, who are physicians, have, without doubt, cases of interest which might afford additional instruction every year. Why do they not commit their experience to paper and forward it for publication? We have urged this point a number of times, not that we are dissatisfied with our present corps of contributors, but we desire a larger list, that this department may grow.

Myosotis Symphitifolia.—This is the name of an indigenous plant, credited with superior virtues in cough with excessive expectoration. We have recently experimented with it in a number of cases, and have been very much pleased with the result.

The preparation employed was the first decimal dilation—one part of the mother tincture to nine of alcohol. Of this, about five drops were employed at a dose, every three or four hours.

The cases, in which it was prescribed, were convalescing from broncho-pneumonia, and a persistent, profuse expectoration refused to be relieved by ordinary treatment. This remedy acted promptly.

Doctor Clark, one of our students, called our attention to it. He says he has known surprising results to follow its use in some cases of profuse discharge from the pulmonary organs.

It is a remedy, we believe, of homeopathic origin, and can be obtained at a homeopathic pharmacy. Boericke & Schrech, of San Francisco, can supply it in all probability.

Quite Natural.—A writer in the *Georgia Eclectic Medical Journal*, over the signature "Eclectic," indulges in a splenetic attack upon the management of this journal, because of our views on medical legislation. He politely calls us a fool, and then soothes our ruffled feelings by asserting that our arguments would disgrace a schoolboy in their puerility.

Evidence of the cause of the learned gentleman's gall, comes to the surface before his tirade ends. He is displeased because

we insist that a physician should possess some guarantee of fitness before beginning practice. He evidently considers our honest expression of sentiment a personal affront. Probably he himself is not a respectable graduate.

To add color to this supposition, some of his unique orthography stares us in the eye. Two misspelled words occur in the first paragraph, and more butchery appears further on. Evidently the calibre of the writer does not entitle his views to a great amount of weight. "Cusade," "Thomsnias," and "ordor" are rich and rare specimens.

The efforts of Ignorance in Medicine to find a proper representative have been protracted, but they have at length been crowned with success. A fitting champion has come to the front. We expect (indeed it is but natural to do so) that anyone advocating a higher grade of professional qualifications will incur the displeasure of such people. Thus expecting, our equanimity will never be disturbed by their illiterate bluster.

Galvanism.—We have lately had some personal knowledge of the influence exerted by the galvanic current, and we know that it supplies a niche not filled by any other means. Certainly medicines lack the power to select tissues and impart to them readily the reparative force that the galvanic current is able to impart when properly applied.

An irritable prostate and urethra find no other such ready means of relief as that which may be obtained from the influence of the galvanic current through an insulated urethral electrode, and its influence is vastly more permanent than that of drugs possessing a special affinity for the part.

As a local application in hyperæmic states of the surface as, for instance, a blooming nose, the galvanic current imparts tone to dilated and weakened capillaries and restores normal tonicity.

Doubtless the possibilities of galvanism have not been fairly developed as yet. With further investigation, more perfected means of application, though these are even now carried to a state of marvelous success in some instances, we may look for gigantic strides in the healing art in the future.

A Paradise for Doctors.—Now when it is so difficult to find paying locations, and the average young physician must needs struggle for a foothold in the majority of instances, the prospects offered in the Argentine Republic to competent men are highly attractive. True, one must be able to understand and speak the Spanish language, and also be competent to pass an examination before the Government Medical Board; but he had better occupy two or three years more, if need be, to acquire these necessary qualifications and then get on swimmingly, than remain where half a loaf is his recompense for a lifetime's arduous toil.

In the Argentine Republic, the fees of a physician are so much above those of this country, that a limited patronage would certainly afford one a competence. Twenty pounds, or ninety-six dollars, is the ordinary obstetrical fee; but complicated labor brings fees amounting to hundreds of pounds in some instances. The amputation of an arm is considered worth six hundred pounds, near three thousand dollars, while a couple of assistants expect to put in bills of four hundred pounds each, or a little more than nineteen hundred dollars, for their services. Consultation fees are twenty pounds, or ninety-six dollars, and other fees in proportion. Money must grow on the bushes in the Argentine Republic.

Dry Cough.—"Awakening from sleep, not ceasing until after he sits up in bed and passes flatus upward and downward."—*Cowperthwaite*. Homeopathic physicians are noted for their careful observation in symptomatology, to which there can be raised no objection so long as it is not carried too far. It is thought by non-homeopaths that they often stray into the impossible and ridiculous. Just to think of it, that we should in the prescribing of our old cough remedy, sanguinaria, be forced to elicit such a symptom as the above! We have been a number of years in the practice of our profession, and our time-locks are becoming pretty well void of the normal pigment of youth, but we would be too modest for such an undertaking. It is not supposed that those outside of our profession will know the meaning of so technical a word as "flatus," and

the plain Saxon will have to be resorted to in most instances. We believe our lady patients would faint, and, moreover, would leave our office never to come back again, should we propound such a question to them. And to think that our young, modest ladies shall certainly have to go on through life with their coughs uncured because they will never own that they are forced to jump up and *flatus* every time they cough before they can stop the paroxysm. And now, candidly, my dear reader, did you ever have such a cough? Since your childhood have you ever been afflicted in this way? Of course you would not own it. Oh, this is too ridiculous! C.

The Fickleness of the Physician's Patrons.—A medical man is circumstanced to see the inwardness of people's souls perhaps more thoroughly than any other class of people. We have sometimes thought this accounted for so much skepticism upon the part of the profession at large. No matter what front people present to the ordinary public the physician sees them when all screens and cloaks are tossed aside, when they are brought face to face with stern facts and dire necessities, when cowards quail, and shame all manly pride.

This is not the case with the majority of a physician's practice. The medical man draws around him a following of true and tried friends who learn through lighter afflictions to trust him through the worst that come, but occasionally the kindly sympathy and tireless effort of the practitioner is repaid by the most insulting treatment when circumstances the least warrant it.

Professor Howe is older than the writer and has experienced, doubtless, many more of the freaks of human nature, but he has not overdrawn in the least some of the humiliating experiences through which all practitioners are called to pass. To a person of self-respect and sensitive spirit such an ordeal is a trying one, and it becomes a fine question whether to audibly consign a snarling, peevish, fault-finding, weak-kneed family—for whom he has sacrificed rest of mind and body, to serve, unrewarded, perhaps—to the d—l and indignantly retire, or counting discretion the better part of valor remain lest some other chap follow upon his footsteps and by misrepresentation and guile deceive a neigh-

borhood into the belief that he has proven a savior to a patient but slightly ill. The dominant school hath many followers who are thus inclined. Possibly there may be a few eclectics. Under the caption, "Treating the Whole Family," Professor Howe discourseth thus in the *Eclectic Medical Journal*:

"The doctor alone knows the annoyance of managing a case in some families. To illustrate: A little girl has recession of measles—she becomes restless, delirious, in fact, typhoidal. The father is mentally and physically upset, the mother is hysterical, and one of the grandmothers is maniacal. To aggravate matters, one is of homeopathic proclivities, another is the cousin of an allopathic practitioner, and the third is the champion of fizziopathy. All wish to know what medicine is given, what it is for, and what may be expected of its action!

"The patient is reported worse every time the doctor gets to the front door, and is asked if he had not better get counsel before he has an opportunity to ascertain whether a consultant is needed or not. The grandma throws herself on the bed and bewailingly beseeches little Mamie not to die and leave us all to cry our eyes out, the mother goes into fits of screaming and screeching, and the father sobs and smites the air, saying, 'Doctor, can't you do something? Why don't you do your best? The child is growing worse every minute, and your medicine don't seem to do any good.' All this uproar takes place before the family physician has had a chance to get a glimpse of the patient's face, to say nothing of answers to inquiries concerning amount of sleep, nourishment given, evacuations, etc. Under the trying circumstances the medical attendant must be calm, polite and heroic. While he may feel provoked to administer a fitting rebuke for such pusillanimity on the part of the parents, he considers the weakness of human nature, and makes due concessions. If he find the patient no worse and even hopeful, he may impart advice that will prove impressive. He can make rational beings understand that moanings and wailings prove detrimental to a sick person, and especially so to one that is delirious. Assure the mother that there is no better plan to coax sleep to Mamie's bewildered brain than to lie down by the child's side and to hum soothing lullabys. The father is to talk in encouraging tones, and the demoralized grandmother is to take her knitting and behave as one of her age ought to. The judicious doctor thus treats the whole family, and secures the opportunity to pull them all through. It is often more troublesome to take care of solicitous relatives of a patient than it is to medicate the sick. In fact, the most annoying feature of medical practice

is to get along with meddlers. There are times in the career of visceral fevers when it is not possible to determine whether the patient is growing worse or changing for the better, hence it is perplexing to attempt to explain to friends just how matters are going. When morning calls are made we cannot always tell how our patients have passed the night. Some of us have found *crepe* on the door when we did not expect death would have entered so soon. To visit a chronic case once a week, and find at length that the patient has been buried three days, is quite embarrassing. It requires considerable self-possession to be ready to say that for weeks and weeks none could tell just what day the patient would die—that there is no disappointment in the case except that it did not terminate as soon as expected!”

Pelvic Diseases.—Not every morbid state of the pelvic viscera is traceable to the uterus, though many physicians look here first and always for the key to every reflex symptom with which their female patients are affected.

The uterus has been the hub around which so much gynæcological science has revolved, and upon which so many speculations have been predicated so long, that the profession has grown into ascribing all disturbances of the pelvic viscera, unless the symptoms point unmistakably elsewhere, to disease of this organ. How absurd !

A fissure of the anus, so incipient as to escape all observation except the closest scrutiny, unless an anal speculum be used, will give rise to globus hystericus, wandering pains in the muscular tissues, dizziness, headache, irregular menstruation, gaseous distension of the abdomen and bearing-down in the pelvis—the result of congestion of associate viscera. Possibly it may eventuate in uterine disease.

Internal hemorrhoids may follow upon difficult labor, and render the existence of a female miserable for months while her physician is probing, and swabbing and brushing and tamponing her cervix uteri.

We make these suggestions that the reader may stand upon his guard. The uterus is not the only organ about a woman liable to become diseased. The nether extremity of woman needs more than a vaginal speculum to receive proper attention. An anal speculum, a knowledge of the anatomical arrangement of the

circulatory and nervous systems, as well as the relationship of associate viscera, a modicum of common sense; and, moreover, a pair of eyes properly used, are necessary.

The endometrium is also very liable to disease, and many times erosions or villous growths of this part are overlooked, while the physician is medicating the cervix for some imaginary disease.

The present means of dilating the cervical canal for inspection of the interior of the organ, and the facilities for relieving intra-uterine difficulties, are so accessible as to render it inexcusable on the part of the practitioner who proposes to treat uterine difficulties, for being unprepared. Gynæcology may be carried to extremes, but it has made some important and reliable advances within the last few years, with which we should be acquainted, and of which we should avail ourselves.

Eclectic remedies have accomplished much in years past and will accomplish more in years to come, but they cannot take the place of intelligently applied surgical measures, when these are demanded. They cannot build up new tissues, nor break down old ones or morbid growths. Mechanical means, therefore, often become of vital importance.

The past has afforded its fruits, and it has also borne its share of errors. Why, then, worship, because old-time remedies were once the only resource, the old methods, to the exclusion of newer and better ones, in this progressive age? The old woman who liked the good old way best, has died, and the living present, has brought us some things that have come to stay, because they are rational, successful and practical. No good can come of a blind opposition to all mechanical interference in the treatment of pelvic diseases, because of the errors of the routinist.

Irritation of the Œsophagus.—The Œsophagus is an organ liable to abuse on divers occasions. The road to the stomach, the incautious swallowing of scalding drinks or hot food may set up an inflammation along it not severe enough to cause constriction, but sufficient to occasion a chronic state of irritation, which becomes aggravated from slight causes.

Irritation of the Œsophagus is attended by an unpleasant chok-

ing sensation, with a feeling of dryness and an irrepressible inclination to swallow frequently. Burning and aching between the shoulders and beneath the sternum, with shooting, stinging sensations along the course of the tube and even in the stomach are not uncommon. The symptoms are perhaps relieved at first after eating, but digestion, especially if the irritation involve the lower extremity, is attended by aggravation of all the symptoms. Stimulants, in the form of condiments or beverages, add to the trouble.

Medication of these cases has not given very great satisfaction. Bichromate of potassium may afford some benefit in one-thousandth grain doses. Arsenicum will sometimes afford relief. Lachesis, in the twelfth attenuation, or higher, is the most positive remedy. A dose of five grains may be administered at bedtime, and repeated every evening for three times, the remedy to be stopped after this for two weeks, and thereafter until aggravation again calls for it. The seventh or eighth decimal will often aggravate for a few days, the aggravation to be followed by complete relief.

Meeting of the State Board of Examiners.—The Board of examiners, appointed by the Eclectic Medical Society of the State of California, at its last meeting, met in San Francisco, on the 12th of February, 1885, and organized, electing Dr. O. P. Warren, of Oakland, President, and Dr. Geo. G. Gere, of San Francisco, Secretary. License was granted to L. B. Hartt, M. D., of Milton, Calaveras county, California, on his diploma from the Bennett Eclectic Medical College, of Chicago, Illinois, dated March 25, 1884. The application of James Adams, M. D., of Los Angeles, California, was laid over for one month, and the application of Jane E. Flint, of San Francisco, was rejected on account of the ill fame of the Eclectic Medical College of St. Louis, Missouri (Field's institution), from which she presented a diploma. The application of P. R. McNulty, of San Francisco, was also rejected, for the reason that he is already licensed by the Homeopathic Board.

Regular meetings of the Society will be held on the second Thursday of each month, at four o'clock P. M., at 120 Post

street, San Francisco. Communications should be addressed to the Secretary, Geo. G. Gere, M. D., 120 Post street, San Francisco, California.

G. G. G.

The Plant vs. The Root of Collinsonia.—Though giving collinsonia a number of trials in the treatment of hemorrhoids, we never became well pleased with its action until beginning the use of a tincture made from the plant instead of the common preparation of the root. The entire plant, stalk, leaves and blossoms, should be bruised and macerated in alcohol when in full bloom in August or September.

Last year we had some sent from Ohio, as it does not grow on this Coast, but the dampness of the green plant produced mould and thus ruined it before it arrived. We intend to have some dried and sent the coming season, as we prize it highly; more so than any other remedy as an internal agent in hemorrhoids.

We recommend this preparation to our eastern manufacturers of medicines as one likely to meet with favor at the hands of the profession.

The Language for the Occasion.—There may be some excuse for medical men to make use of Latin phrases, when in conversation among themselves, for technical phrases may sometimes abridge and lessen the number of words. It is to be expected that medical men are so well acquainted with ordinary medical phraseology that no offense need attend a departure from the language of one's own country, when conversing with those of the profession.

But there is a class of physicians who delight to air their Latin and technicalities before their patrons, imagining such methods elevate them in the estimation of the public. We have known a number of physicians who seek to mystify and throw around the simple affairs of practice a cloak of technicalities, when speaking to common people, simply for effect, or else from pure, unadulterated asininity.

Such men should be classed with the dude, whose outfit of wearing apparel and cut of hair represents his stock of

brains. Surely such a practitioner will encounter every day people who will take his measure mentally, and set him down for a flat; oftentimes, too, it will be some regular, a loud-mouthed advocate of the code, and one who would consider advertising the hight of all heinous offenses. Yet his methods are the most disgusting plan of advertising in the world.

The physician who has a very sick patient is asked frequently by the friends his opinion of the case. Many times he is interrogated by those who have no legitimate right to trespass upon his time for answers, but those who have a right to ask should be answered clearly and intelligently, and in plain English, that the reply be not obscured by technicalities, incomprehensible except by those who have given the languages or professions special study. There is a world of sarcasm for doctors of this stripe in the homely rebuke of Brother Gardener:

"If Brudder Shindig Watkins am in de hall to-night he will please step dis way," said Brother Gardner, as everybody except Bed-Rock Taylor drew in his feet and ceased coughing.

Brother Watkins had jammed himself into the northwest corner and was rubbing down a bunion with a fragment of grindstone, but he slipped on his shoes and made his way to the president's desk with a look of keen expectancy on his face.

"Brudder Watkins," continued the president, "about a y'ar ago I had a few words to say to Clarified Davis on the subject of langwidge. I now want to spoke to you indiividually. On seberal occashuns I has heard you wind up an observashun wid cum dig solis. Has you got to dig a cellar or a well?"

"No, sah."

"Do you know anybody named Solis?"

"I reckon not, sah."

"Den why did you call on Solis to come an' dig?"

"I dunno."

"Um! On odder occasions, Brudder Watkins, I has heard you speak of aqua pura. Has you much of a winter's stock on hand?"

"I—I—no, sah."

"Dat's too bad. I war' gwine to buy a ton or two of you! All out, eh? Now, Brudder Watkins, what did you mean one day las' week when you told Giveadam Jones dat you felt en dishabille?"

"I doan' remember, sah."

"Doan', eh? Doan happen to hev any en dishabille in your pocket to-night, do you?"

"No, sah."

"Dat's sad—werry sad. At de oyster house pa'ty de oder ebening you told Mister Callforth dat you nebber went out nights widout your simila similibus curanter wid you. How many times does it shoot, Brudder Watkins?"

"I—I dunno, sah."

"Brudder Watkins, look me in de left eye! De man who has looked in at de back doah of a college am not speshually called upon to give de fack away. An', too, de English langwidge am so plain an' easy dat anybody kin make hissself understood widout breakin' his back. When de president of a republic like dis sends fo'th an annual message in sich simple English dat skule boys kin swaller ebery word, dar hain't much call fur de likes of us to stand on de hind platform of a street kyar an' call out: *Ad interim amicus humani generis ante bellum comme je fus!*" We know it widout his given' hissself away.

"Take yer seat, Brudder Watkins, an' let me hope dat you will hencefo'th use de langwidge of de kentry in impartin' de infurmashun dat you went to bed wid cold feet an' got up wid a backache. If you war' publishin' a cheap arternoon paper, for circulashun among people who had spent years at college, it might do to frow Greek and Latin into your editorials, but in yer present condishun you kin git trusted fur in de English langwidge, an' pay when de bill am made out in de same."

The Spaying of Cows to Improve their Milk.—The castrating of male and the spaying of female domestic animals, as well as the caponizing of cocks for the purpose of enhancing the value of their flesh as food, promises to be supplemented by the spaying of cows to improve the quality of their milk; and this interests the medical profession so far, at least, as concerns the diet of the sick and of bottle-fed infants.

Gaillard's *Journal* contains some interesting remarks on this subject worthy of recognition, which we reproduce:

It is a well-known fact that the quality of a cow's milk changes with the time lapsing after she has calved. On first calving it is decidedly laxative. Later on it loses this property, and, at the end of a year, the milk of a farrow cow is very astringent. The milk of a cow with calf also gradually changes with the period of gestation, becoming increasingly watery and having a limey taste. It is evident, therefore, that a child fed on "one cow's milk" must, during the course of eighteen months, receive quite a variety of food, and that, at times during

this period, this food is not strictly of a physiological nature. In the supply of our cities, moreover, no care, of course, being taken to keep these varieties separate, the milk must be of a very heterogeneous nature.

To obviate the dangers which are associated with this variation in the quality of milk, Mr. Lloyd F. Abbot advises (*Boston Medical and Surgical Journal*) the spaying of milk cows. The results which he claims follow this operation are: 1. Increase in the quantity of milk. 2. Constancy of quality. 3. Improved quality of milk. 4. Decrease in the cost of keeping the cow. 5. Prolongation of the milk-giving period. 6. Increased readiness of fattening the animal and improved quality of the flesh.

He spayed a cow in November, 1880, at which time she was giving ten and a half quarts of milk daily. At the date of writing, February 27, 1884, the cow was still milking and giving nine and a half quarts a day, and of better quality than that given by a cow having her ovaries. Dr. Mecued, who took part in the discussion of Mr. Abbott's paper, stated that one cow from which the ovaries were removed has produced milk continuously for eleven years, and in this entire period has fallen off only three pints.

Eclectic Medical Colleges.—Under this heading, a subscriber sends a brief communication inquiring if any one knows anything about the Eclectic Medical College of Missouri. The article has been mislaid, either by the printer or editor and cannot be found.

We have no knowledge of any such institution, and take the responsibility of saying there is no college of such name having respectability. If any of our readers can impart knowledge on the subject let them rise up.

NOTES.

A physician, who was preparing to take the temperature of a lady patient, was informed by her, upon sight of the thermometer, that she had just urinated. She evidently mistook the instrument for a catheter.

Dr. F. W. Smith, of Syracuse, New York, writes (*Medical Record*) that he was called to see a woman who had accidentally swallowed a shawl-pin four and a half inches long. She passed it by rectum three days later, without suffering any inconvenience.

It is asserted that mitral disease, especially mitral stenosis, in women, is very much aggravated by child-bearing and nursing. Avoidance of matrimony is suggested as a most desirable plan in such persons for the avoidance of almost inevitable aggravation and shortening of life.

The bakers, as well as the confectioners, are prone to the use of deleterious articles in the manufacture of their supplies. A pumpkin pie, of very yellow paste, eaten in New York lately, caused severe sickness in the entire family partaking thereof. The physician in attendance ascribed the result to chrome-yellow in excessive quantity.

The report of the twenty-fourth semi-annual meeting of the Massachusetts Eclectic Medical Society is before us. It was held January 14th, at the Revere House, we suppose in Boston, though the report does not state the fact. An interesting session evidently resulted. The Boston District Eclectic Medical Society was held at the Quincy House, January 13th.

Any interruption to the regular appearance of the JOURNAL should prompt you to inquire whether you have paid for last year or not. We prefer payment in advance. Probably this is the last year the JOURNAL will be published for a dollar. Those who desire a first-class journal for half price should not neglect the present opportunity. We will advance the price next year.

Dr. W. Gill Wylie, of New York, has produced excellent results with the following method of treatment in sick-headache: So soon as the first pain is felt, the patient is to take a pill or capsule, containing one grain of inspissated ox-gall and one drop of oil of gaultheria, every hour until relief is felt, or until six have been taken. Dr. Wylie states that sick-headache, as such, is almost invariably cut short by this plan, although some pain of a neuralgic character remains in a few cases.

Dr. Quigley, in the *Medical World*, reports the cure of a case of bronchocele, by the injection of a mixture, composed of a drachm each of glycerine and distilled water to thirty drops of ergotine, five drops being introduced with a hypodermic syringe at a time. The injections were made from four to six days apart, and were repeated four times. At the beginning of treatment, the neck measured twenty-two inches; at the end of treatment it measured thirteen and a half inches.

A Glasgow, Scotland, widow has sued a medical man of that place for damages, estimated at fifty pounds, produced by medicines administered by the physician's wife in his absence. The physician admitted in the trial that his wife occasionally assisted

in the office, but denied that she had any authority to prescribe for his patients. The judge also so decided and the injured party was thus left without recourse for the result of her own folly in swallowing the medicine of an unqualified prescriber.

“Psycopathy” is a malady which has only recently come to the notice of the doctors. For the enlightenment of the multitude it is explained that a psycopath is an individual devoid of all moral notions who at the same time thinks logically; distinguishes good from evil, and acts according to reason so far as his own interests are concerned. Aside from himself nothing is sacred to him. The *Pall Mall Gazette* suggests that psycopathy is an abnormal development of egotism, and that when a full-fledged psycopath is discovered he should be immediately hanged.

A writer (Dr. Eggleston in *Medical Record*) recommends atropia as a means of resuscitation from severe electric shock. He relates three cases. In one, the patient was rendered insensible and almost pulseless by a stroke of lightning, and restoration was accomplished in about six and a half hours by the hypodermic injection of an eightieth of a grain of atropia sulphas at each time for three consecutive periods of two hours interval. The second patient was shocked into insensibility by a dynamo-electric machine. In about four hours he was restored, though feeble pulse, cold extremities, dilated pupil and other ominous symptoms were present in the beginning. In the third case, a man came in contact with the wire of an electric light, and immediately became limp and unconscious, with widely dilated pupils, shallow, slow respiration, and slow, irregular pulse. The first dose of atropia was given about ten in the forenoon, and by its judicious use, with internal use of ammonia, he sat up at three in the afternoon and asked for water.

AN ABBOT AND HIS ERRING PARISHIONER.—The New York *Medical Journal*, of November 15, 1884, quotes the following from the *Journal de Medicine de Bordeaux*: The ecclesiastics, as is well known, have fallen into the bad habit of dabbling in medicine and pharmacy, pretending to know them as well as the Gospels. An abbot, named X——, was lately the victim of the unfortunate propensity. One of his female parishioners, finding herself in great suffering, consulted a physician in the neighborhood, who regretted to find that she had a well marked gonorrhœa, and accordingly prescribed copaiba and cubebs in liberal doses. Before taking these poisons, the fair one thought it prudent to ask the curate what he thought of them. The latter looked at the prescription, and exclaimed: “Balsamics; those are good for the chest. Yours is weak, you can take them.”

And, generous to the last, he wrote these words across the prescription, "Furnish at my personal expense." The story goes on to say that an occasional sly laugh is still called up at the apothecary's by a perusal of the indorsement on that prescription.

THE BOY AND THE BONE SETTER.—Speaking of bone-setters recalls a good story which occurred in the north of Scotland, where one of them had risen to great fame and no small fortune by his skill. A country lad residing a few miles off had got his leg hurt at one of the local factories, and had been treated some time by the local medical man without any good result. His mother had great faith in the neighboring bone-setter, wanted the lad to go to him, which he declined, preferring, as he said, the "reg'lar faculty." Eventually, however, his mother's persuasions prevailed, and he agreed to allow himself to be taken to see Dr. Daniel R——, the bone-setter. A bed for the invalid was extemporized on a cart, and accompanied by his anxious mother, he was, after a painful journey, taken to the town where the bone-setter resided. The leg was duly examined, and it was found necessary to haul it very severely, in order as the bone-setter said, "to get the bone in." The lad was liberal with his screams while this was going on, but, eventually the bone was, "got in," and he was told to go home, and in a few days he would be all right and fit for his work. He was lifted upon the cart again, and, with his mother seated beside him, set off for home. "Didn't Danny do the thing well?" said the joyous old lady. "Yes, he did, mother," said the lad, "but I was na sic a fool as give him the sair leg!" The "reg'lar faculty" will, we have no doubt, appreciate the story.—*Whitehall Review*.

BOOK NOTICE.

CHRISTIANITY A REWARD FOR CRIME. Authenticated by the Bible. By O. B. Whitford, M. D., Butte, Montana. This is a thirty-page pamphlet, published by the Truth Seekers' Publishing Company, N. Y.

Doctor Whitford is one of our pioneer Eclectic physicians—a free-thinker in medicine as well as in religion. His genius as a diagnostician, with his kind-hearted, genial disposition, has always won for him, wherever he has been, a fine patronage.

This production of his is the honest outpouring of his nature, forced from him by life's experiences. His has been a life of vicissitudes. He upbraids orthodoxy for its erroneous teachings unsparingly. He has shown himself versatile as a writer, some-

times witty, sometimes eloquent, but too often descending to colloquialism. The book, from one end to the other, shows the imprint of thought and originality. It seems the author must have had his emotions stirred by some passion or extraordinary circumstance which prompted him to his work. It would afford any of our physicians pleasure to read this pamphlet. It can be procured of the author.

C.



SELECTIONS.

ON RAPID DILATATION OF THE UTERINE CANAL.

BY WILLIAM GOODELL, M. D.

For many years I enlarged or straightened the uterine canal, according to the requirements of the case, either by tents or by Sim's operation, and preferably by the former. Having had several serious warnings, in the shape of inflammations following these operations, I began to perform them with fear and trembling. Yet nothing untoward happened until the year 1878, when two grievous mishaps befell me.

A charming young lady, the center of a large circle of admiring friends, came from a neighboring State to consult me about a dysmenorrhœa that grew worse and worse every year. The cervix was so bent forward, and the stenosis of its canal, *per se* as well as by angulation, that I unhesitatingly performed Sim's operation. Within a few days septicæmia set in, soon the parotid gland swelled up, and, on the ninth day, she died. True it is that at the same time two piles also were tied; but this latter operation I had performed so often with impunity, that I was, and am still, disposed to attribute the blood-poisoning to traumatism of the cervix, and not to that of the rectum.

Hardly had I time to recover from this bitter blow, when an exhausting case of menorrhagia fell into my hands. The lady was the young bride of a husband well advanced in life, who doted on her as only old men dote on much younger wives. I dilated the cervical canal with tents, and curetted many vegetations from the endometrium. A furious peritonitis set in, and in less than three days this young wife lay dead, and the husband was frantic with grief.

The anguish which I felt at the death of these two ladies, and the heart-rending scenes which I witnessed at their bedside,

which I cannot now recall without emotion, urged me to try any remedy that gave promise of efficiency combined with greater safety. In the search for a substitute, I tried rapid dilatation, which Ellinger and others had proposed, and since that year—that *annus iræ*—I have not once performed Sim's operation for dysmenorrhœa, and I have so narrowed the field for the use of tents, that I now very rarely resort to them. In short, rapid dilatation has proved, in my hands, so safe and so efficient an operation, that I wish to urge its claims before the medical profession.

The instruments that I would recommend are two Ellinger dilators of different sizes. These are the best, on account of the parallel action of their blades. The smaller of these dilators has slender blades, and it pilots the way for the other, which is more powerful and has blades that do not feather. I have had the beak of this dilator changed from an obtuse angle to a slight curve, so that it can be reversed within the womb. The lighter instrument needs only a ratchet in the handles, but the stronger one should have a screw with which to bring the handles together. Lest the beak should hit the fundus uteri and seriously injure it when the instrument is opened, the blades are made no longer than two inches, and are armed with a shoulder to prevent further penetration. The larger instrument opens to an outside width of one and a half inches, and it has a graduated arc in the handles by which the divergence of the blades can be read off. The instruments which I now exhibit to you, and which I can recommend highly, have been made under my supervision by Messrs. J. H. Gemrig & Son, of this city.

In a case of dysmenorrhœa or sterility, from flexion or from stenosis, my mode of performing the operation of rapid dilatation is as follows: The patient is thoroughly anæsthetized, and a suppository containing one grain of the aqueous extract of opium is slipped into the rectum. She is then placed on her back and drawn to the edge of the bed, the knees being supported by her nurse. The light must be good, so that the operator can clearly see what he is about. By the aid of a strong tenaculum, applied through my bivalve speculum, the cervix is steadied and the smaller dilator is introduced as far as it will go. Upon

gently stretching open that portion of the canal which it occupies, the stricture above so yields that when the instrument is closed, it can be made to pass up higher. Thus, by repetitions of this maneuver, little by little, in a few minutes' time a cervical canal is tunneled out, which before could not admit the finest probe. Should the os externum be a mere pin-hole, or be too small to admit the beak of the dilator, it is enlarged by the closed blades of a pair of straight scissors, which are introduced by a boring motion. As soon as the cavity of the womb is gained the handles are brought together. The small dilator being now withdrawn, the larger one is introduced, and the handles are slowly screwed together. If the flexion be very marked, this instrument, after being withdrawn, should be re-introduced with its curve reversed to that of the flexion, and the final dilatation then made. But, in doing this, the operator must take good care not to rotate the womb on its axis, and not to mistake the twist for a reversal of flexion. The ether is now withheld and the dilator kept *in situ* until the patient begins to flinch, when the instrument is closed and removed. A few drops of blood trickle out of the os. Occasionally a slight flow of blood will last for several days after the operation, simulating the menstrual flux. Often this flux is precipitated, or renewed, if the operation follows or precedes it too soon. The best time for dilatation is, therefore, midway between two monthly periods.

When compared with the cutting operation, this one looks like rough usage; yet the woman rarely needs more than two or three suppositories, and complains merely of soreness for one or two days. To forestall any tendency to metritis, she is kept in bed until all tenderness has disappeared. Pain is met by rectal suppositories of opium and by large poultices over the abdomen. I have seen slight pelvic disturbance arise from this operation, but it has always been readily controlled and has not given alarm.

In the great majority of cases, I dilate the canal not to the fullest capacity of the instrument, but to one and a quarter inches. Sometimes in an infantile cervix, which does not readily yield and might give way, the handles are not screwed down more than three-quarters of an inch or an inch. Tearing of the

cervix has happened in two of my cases, from the slipping out of the instrument. In one, that of the virgin, the cervix was split half way down to the vaginal junction. The other case was that of a multipara, whose uterine canal had been nearly closed up by applications of silver nitrate made by her physician with the view of curing what he supposed was an "ulceration of the os," but which was a bilateral laceration. The tissues, rendered cicatrical and brittle by the caustic, were torn by the dilator for about half an inch on the right side also. Here the hemorrhage was free enough to need styptic applications and a tampon. I could have stopped it by wire sutures, but this was not done, as it would have defeated the object of the operation.

For slight dilatations, such as for the office treatment of ante-flexions and of stenosis, or for the introduction of the curette, or of the applicator armed with cotton, the more delicate instrument is quite strong enough, and an anæsthetic is not needed. Sometimes in a very sharply anteflexed womb the dilator cannot be made to pass the os internum. This difficulty is overcome by first passing in a surgeon's probe, and then, along it as a guide, the dilator.

After a forcible dilatation under ether, the cervical canal rarely returns to its previously angular or contracted condition. Since lateral extension of elastic bodies antagonizes their length, the cervix shortens and widens, and the plasma provisionally thrown out by the submucous lesions sustained by the dilated part serves still further to thicken and stiffen its tissues. In other words, the stem-like neck of the pear-shaped womb is shortened, widened, strengthened, and straightened. Hence, for straightening out anteflexed or congenitally-retroflexed wombs, and for dilating and shortening the canal in cases of sterility or dysmenorrhœa arising from stenosis or from a conical cervix, the dilator will be found a most efficient instrument. In its results it is not infallible; I have twice been obliged to repeat the operation, and would like to have done so in several other cases had the women permitted it. In a very few instances I have been forced, as a final resort, to nick a pin-hole os externum; but I had not then learned how far I could safely stretch open

the uterine canal, and the operation of dilatation was not so efficiently performed by me as it is now through a larger and riper experience.

But it is not to cases of dysmenorrhœa that I limit the operation of rapid dilatation. As stated before, I use it to stretch open the canal for the admission of the curette and of spongetents, or for the purpose of making applications to the uterine cavity. In cases needing the irrigation of the uterine cavity I first dilate the canal with this instrument and introduce the nozzle of the syringe between the separated blades. This gives a free avenue for the escape of the liquid, and robs of its dangers this form of intra-uterine medication. I also resort to the dilator in order to explore the womb with the finger. For instance, in any given case of menorrhagia in which a polypus or some other uterine growth is suspected, instead of using tents, I put the women under an anæsthetic, and, after the rapid dilatation of the cervical canal to the utmost capacity of the instrument,—viz., one and a half inches,—am enabled to pass my finger up to the fundus. This is accomplished either by drawing down and steadying the womb by a volsella forceps, or in thin subjects by forcing the womb down upon the finger through supra-pubic pressure on its fundus. In this way I have, over and over again, at one sitting discovered a uterine growth, twisted it off, and removed it. Usually in these cases I experience more difficulty in removing the polypus or other growth through the small canal than in twisting it off from its uterine attachment. It often has to be wire-drawn before it can be removed, and sometimes the os uteri has needed a few nicks. Usually when the menorrhagia is free the cervical tissue is so lax that there is no difficulty in the introduction of the index-finger up to the fundus, but sometimes only its tip can be made to pass the os internum. Yet even this limited degree of penetration is commonly quite enough to decide the presence of an inside growth. If it be not enough, I invariably search for a growth with a small pair of fenestrated forceps, and I have repeatedly seized and removed one the existence of which was merely suspected. After such operations the uterine cavity is thoroughly washed out with a solution of carbolic acid or of potassium permanganate.

I am sorry to say that I have not kept full records of all my cases of rapid dilatation. For instance, I have never recorded those office cases of dilatation in which ether was not given. Nor has any note been made of cases in which dilatation was performed under ether for curetting, for digital exploration of the endometrium, or for the removal of uterine growths. I have tabulated merely cases of dysmenorrhœa in single or married women. In the married, with but three exceptions, which will be noted, painful menstruation was associated with sterility.

Including all the cases of dilatation performed under ether, I must have had over three hundred. I have limited myself to these cases because the use of an anæsthetic implies full dilatation,—one in which serious injury, if ever, would most likely be sustained. Yet there has not been a death, or a case even of serious inflammation, in my practice, and the results have been most satisfactory,—far more so than when the cutting operation was performed by me. The following are the statistics of my cases of dysmenorrhœa: single, 80; married, 88. Total, 168.

Of the unmarried, eighteen were unheard from after the operation, leaving sixty-two from which any data could be obtained. Of these, thirty-eight were cured, seventeen more or less improved, and seven not improved at all. Of these seven that were not benefited by the operation, five subsequently had their ovaries removed,—one of them by another physician and four by myself: of the latter, one died. In each one the ovaries had become so altered by cystic or by interstitial degeneration as to make the dysmenorrhœa otherwise incurable. Of the seventeen improved, there was one on whom oöphorectomy was also performed; for, although the dysmenorrhœa was greatly relieved by dilatation, ovarian insanity and menorrhagia were not. The operation was a successful one, and my patient was not only cured of her hemorrhages, but she regained her reason. Out of these cases, the majority, although not wholly cured, were greatly improved. For example, one of them was formerly bedridden during the whole period of her menstrual flux, and had then to take large doses of morphia. She also suffered at those times from hæmatemesis and epistaxis. Since the operation she experiences pain for merely two hours, needs no ano-

dyne, and has lost her ectopic hemorrhages. Her gain in health and flesh has been great. Another one, who was wholly crippled by her sufferings and made nervous by the dread of them, is now a busy nurse. For one hour at every period she suffers a great deal; but she is too much afraid of taking ether to have a second dilatation performed.

Of those cured, two had Sim's operation performed previously without benefit, and were afterwards dilated; two were dilated twice before a cure could be brought about. The history of several cases merits more than a mere allusion. The sufferings of one of my patients at every monthly period had always been great, but while she was at a boarding-school they grew so intense as to cause furious delirium at those times. This finally developed into permanent insanity, with suicidal impulses. While in this condition she was placed in my hands. After rapid dilatation of the cervical canal, the dysmenorrhea wholly disappeared. The exemption from pain toned down some of her more extravagant delusions, but she did not wholly regain her reason until a few months afterwards. She is now free from all menstrual pain, and in the complete possession of her mental faculties.

A Hebrew lady, whose health had suffered from dreadful dysmenorrhœa, was so much improved at one sitting that her physician and friends were amazed. Not long afterwards the doctor asked me to perform this operation upon another one of his patients, who was, if anything, worse. Her sufferings were so intense that he wrote, "I fear that another period might kill her," and urged an immediate operation. The cervix in this case was conical and very dense. Fearing a tearing of the parts, I screwed the instrument slowly up to one and a quarter inches, and kept up this amount of dilatation for some twenty minutes. The cervix sustained no injury. The canal has since remained patulous, and she is free from all menstrual pain.

Of the married, fifty-three were heard from. Of these, thirty-nine were cured, ten improved, and four unimproved. Out of these fifty-three cases, nine were not in a condition to conceive, three of them from fibroid tumors, two from destructive applications of nitrate of silver to a lacerated cervix, three from being

over forty-one years of age, and one from being a widow. This leaves but fifty-four capable of conception, and of these, eight, or a little over eighteen per cent., became pregnant. But the ratio is in fact larger, for several of my patients, fearing pregnancy, employed preventive measures after the operation. Then again, I believe that others, who consulted me merely for painful menstruation, have not reported their subsequent pregnancies. For instance, two months ago I learned through the merest accident that the wife of a clergyman, whose cervical canal I dilated six years ago, has since been making up for lost time by giving birth to twins within a year after the operation, and later to several other children. She had been married eight years before she came to me, and had had her cervical canal dilated by tents and slit up with Peaslee's metrotome by a skillful surgeon. I have also had several cases of pregnancy following office-dilatations of the uterine canal, in which ether was not given, and consequently the lumen of the canal was not much enlarged. But such slight operations were not deemed worthy of record, and they are therefore of no statistical value.

THE MURIATE OF COCAINE IN GYNÆCOLOGY.

This wonderful drug, with its almost miraculous effect in the hands of the oculist and laryngologist, which has certainly proven a blessing to suffering humanity, is constantly developing new powers. Its effect upon the mucous membranes is marvelous. But it is a superficial action, not penetrating far, hence most potent in the most delicate membranes, upon the conjunctiva and Schneiderian membrane; on the most delicate tissues it exercises its full effect. Upon the mucous membranes of the vagina and the uterus the same effect cannot be obtained, and larger quantities are necessary; this is the secret of the as yet restricted use of the muriate of cocaine in gynæcology—it is scarce and expensive. When asked not long ago by a prominent oculist as to my success with cocaine in gynæcology, I could but tell him that I doubted the practicability of using this expensive drug, being well aware that where a few drops would suffice upon the conjunctiva, it could affect but little the mucous membranes of the

female sexual organs; but considering the matter I appreciated that it was merely a question of quantity and determined to test the efficiency of the drug in my gynæcological and obstetrical practice; and the results are all that can be desired. They are so uniform, so positive and striking, the results the same in all cases, that I can unhesitatingly pronounce the muriate of cocaine to be the most valuable of all drugs in gynæcological practice.

From the tests made in the consultations of one afternoon in my private office, I can say that the remedy is invaluable and almost infallible; first in permitting of the absolutely painless introduction of the speculum or other instrument into the vagina and rectum by the application to the vulvo-vaginal membrane or the mucous membrane of the rectum a few minutes previous to introduction of the instruments. Secondly, in allowing us to make application to the uterine cavity, to use the dilator or sponge tent without pain in those intensely sensitive organs, in which a chronic endometritis has made the introduction of even the most delicate instruments almost an impossibility. Thirdly, that it affords perfect comfort and relief from that intense hysterical nervousness which constantly accompanies many cases of chronic inflammation of the endometrium, or of eroded or lacerated and everted cervix. Fourthly, in relieving the pain of certain forms of dysmenorrhœa, such as spasmodic dysmenorrhœa, provided the flow is not so profuse as to wash away the application too rapidly.

METHOD OF USE.—In all cases, however, it is not a question of a few drops applied to the surface with the syringe or dropper, but if an immediate and positive result is to be accomplished, a delicate pledget of cotton, saturated with from ten to twelve drops, must be applied to the surface. Thus I have made application to the endometrium with a film of cotton barely covering an applicator, soaked in the fluid and left in situ, the applicator being removed after the cotton had been introduced into the uterus. To the cervix I have applied a thin layer of cotton, and held it in place with an iodoform tampon. As the cases in which it has been used are still isolated, I will relate them in detail. They are, as yet, comparatively few, as I did not have

faith to resort to the drug until a few days ago, and on Friday, January 2d, I used it for the first time in the following cases:

Mrs. C., intensely hyperesthetic, laceration of perineum and cervix, the uterus retroverted, greatly enlarged, low down in the pelvis, congested and sensitive, like the ovaries, and all the pelvic viscera, the lacerated and everted cervix pressing upon the rectum causing constant agony. The patient has been a sufferer from the most intense and annoying nervous and hysterical attacks, confined to her bed, at least to her room, the greater part of the time. She had come under my treatment late in November. The most careful use of Sim's speculum even caused excessive agony, and my treatment was for the present directed merely to the relief of this intensely sensitive condition, with a view of resorting to an operation as soon as this hypersensitive state could be overcome. The downward pressure of the heavy uterine body, and the grinding of the eroded and everted cervix against the posterior vaginal wall, caused such terrible nervous attacks, such bearing-down pains, that I had undertaken to relieve this by the use of iodoform and tampons of cotton saturated with vaseline. The treatment was fairly progressing, when the patient, who had been in the main confined to the house, begged permission of me to attend a reception on Friday evening. She had set her heart on it, and promised all possible obedience for the future, if I would grant her this favor. I introduced a film of cotton soaked with perhaps six or eight drops of a four per cent. solution of cocaine into the uterine cavity, placed another thin layer against the lower everted lip of the cervix, thoroughly dusted the vagina with fine bismuth powder, and supported the uterus in place with cotton tampons. The very moment she left the operating-table she exclaimed that she was free from pain; she had absolutely no feeling of discomfort in the abdomen, back or thighs; in fact, she experienced a feeling of well-being to which she had been a stranger for years and years. She attended the reception, not dancing the round dances, and was still in perfect comfort, totally free from the intense nervous excitement which had haunted her so long, free from any ache or pain upon her next visit on Monday, even after removing the tampons.

Mrs. F., neurasthenia, debility, with an intensely sensitive condition, suffering from laceration and endometritis in both cavities of a uterus duplex for the past nine years. Notwithstanding that I had treated this patient with the mildest applications, she had twice nearly fainted in my office, and always suffered for twenty-four hours at least after any application, however gentle. My office hours being in the afternoon, she generally went immediately to bed on her return home, suffering greatly for the balance of the night. I applied a four per cent. solution of cocaine in a pledget of cotton to each uterus. She left the office at once, without rest as usual, perfectly comfortable, free from pain, experienced none of the ordinary pains upon her return home; on the contrary she was perfectly comfortable and free from suffering, had a good night's rest, and remained comfortable for the next two days until I repeated the application. This patient experienced a sense of relief, of comfort and of quiet which she had not known for some six or eight years.

Mrs. P., chronic endometritis; she has been under medical treatment by specialists in all parts of the country from the time of her marriage, eighteen years ago. She has been a constant sufferer, failing mentally, and she was almost childish, fearing the loss of her mind; frequently in a dazed, semi-unconscious condition after treatment, suffering pain at all times; she was likewise afforded complete relief. Chronic metritis and endometritis, with firm contraction of the external os in the cartilaginous cervix, caused an intensely sensitive condition of the parts; repeated operative attempts to dilate the os had merely resulted in aggravated cicatricial contraction, which I was attempting to relieve by dilatation. I have not yet dared to attempt to make the second application of carbolic acid to the uterine cavity after the annoying results of the first. Attempts at dilatation, though successful, had caused intense suffering, the vulva was so sensitive that the speculum, no matter how carefully it was used, caused great pain and numerous abraded, bleeding spots. I applied a four per cent. solution to the vulva with a small cotton brush upon my applicator. In a minute later I was enabled to introduce a speculum. Though she was conscious of the act, it gave no discomfort. I introduced the cotton, soaked in the solution, into the

uterine cavity, placing an extra pledget, rather larger into the external os. The application gave no pain, not even discomfort, while previously the use of the smallest sound or the most delicate applicator wrapped with cotton and vaseline, caused great suffering, so that it was hardly to be done with safety. I dilated the external os and cervical canal so that I could introduce a lead pencil to the depth of an inch, giving no pain. This was done in two minutes after the use of the cocaine, the pledget in the uterine cavity being left in place. After dilating, I inserted a fresh pledget into the cervical canal, dusting the uterus and vagina with iodoform, supporting the uterus with cotton tampons, anointed with carbolated vaseline. Three days later this patient returned, full of gratitude and hope of a speedy cure, rejoicing at these three days of perfect comfort and freedom from pain, which was an entirely novel sensation to her. The walk of six squares to her home, which had always been an ordeal after treatment, was now such a pleasure that she sauntered down the street to freely enjoy this almost unknown repose.—*Geo. F. Engelmann, M. D., in the Weekly Medical Review.*

MORPHINISM DETECTED THROUGH THE EXAMINATION OF THE URINE.

Morphiomania has been growing so rapidly, and withal so quietly in this country that its present proportions are hardly realized, even by the profession. It is not alone to the specialist, nor to the physician who has a home and a method for the cure of the opium-habit, that the subject is of interest; the general practitioner may, at any moment, meet with cases of a more or less pronounced character.

The ruses resorted to by many patients to obtain their favorite drug, and the great facilities they have of secret indulgence, tend at times to mislead and render treatment unsatisfactory.

Again, in the therapy of ordinary diseases in morphine takers, our remedies may be counteracted or their effects modified to an extent incompatible with recovery. It may become important for us to discover, therefore, whether the drug is being taken surreptitiously.

It has been claimed by many that morphia becomes so changed in the system that no traces of the alkaloid, as such, are to be found in the tissues or excretions. On the other hand, several observers hold an opposite view. On account of the diversity of opinion in competent observers and the practical significance of the entire subject, Dr. Notta has made some careful investigations, touching the elimination of morphia by the kidneys. He has published the result of his research in *L'Union Medicale*. At first, he used Mayer's test, by the double iodide of potassium and mercury, then, that of Bouchardat. Both of these proved unsatisfactory, giving positive results only where the daily quantity of urine was small.

Thus, Mayer's test gave a characteristic precipitate only when each quart of urine contained at least three grains of the alkaloid. Bouchardat's test gave reliable results when as little as one to two grains were present.

The authors's own method, which he recommends as simple, exact and rapid, is as follows:

Treat a quart of the suspected urine with subacetate of lead (1 to 10). The precipitate is a combination of the lead with the uric, phosphoric and other acids existing in the urine and the extractives.

The decolorized urine then contains the morphine combined with acetic acid, the substances not precipitable by the subacetate of lead, and the excess of the lead. Now filter, and get rid of the lead by adding sulphuric acid (1 to 10), drop by drop, until there is no further precipitate. Filter again, add an excess of ammonia and warm amylic alcohol and shake. The mixture soon becomes clear, and holds in solution all the morphine previously in the urine. After this, it is only necessary to shake this solution with water acidulated with sulphuric acid, in order to obtain the morphia as a sulphate. This is decomposed with ammonia water and after evaporation we have the morphine, which can be tested with the usual tests.

The conclusions of Notta drawn from his investigations are: that morphine is eliminated, in great part at least, by the kidneys, provided they are not diseased; that Mayer's or Bouchardat's tests can be employed after eliminating sugar and albumen,

but that, when these tests fail, the one here given, or some equally reliable one must be employed. That it is always possible to find the drug in the urine of a habitual morphine taker, provided as much as $1\frac{2}{3}$ grain is taken per day.

Further experiments must be made to decide whether this test discovers morphine in such cases as acute poisoning, or if it is reliable in such cases only as were here tested, where the drug had been taken for a long time in large quantities.—*Medical Record*.

TREATMENT OF CHRONIC ULCERS OF THE LEG.

Every physician and surgeon has his perplexities in the practice of his profession. I have many perplexities, but the management of old chronic ulcers, so frequently seen by the surgeon, has been to me one of the most difficult undertakings, until the last five years. Since that time I have adopted a course of treatment quite different from any laid down in our text-books. The plan adopted by me is that of sponge-grafting. The treatment is not original. I saw it mentioned in some medical journal about five years ago. Having had a case of sponge-grafting of a little different nature, it occurred to me that sponge-grafting for the cure of ulcers, and especially of the leg, would be worthy of a trial. About ten years ago I was called to see a young man, (a carpenter by trade) who had driven a two-inch chisel into the inner side of his knee, cutting the anastomotica magna artery. The hemorrhage was very great. Dr. A. A. Shobe, of Jerseyville, Ill., was called at the same time. Upon consultation we agreed to ligate the artery, but upon search for proper instruments for that purpose, we found we did not have them at our immediate command. The bleeding continuing profuse, I tore off a small piece of sponge, and grasping it in a pair of dressing forceps, dipped the sponge into a strong solution of tannic acid and crowded it into the cut. The bleeding stopped. I simply put on a common roller bandage, elevated the limb, and left the patient with instructions to keep quiet. I saw him every day for four days, and everything being all right, I did not remove the sponge.

Dr. Shobe, on the sixth day, insisted on the removal of the sponge. I made the effort at removal, but could only pinch off small pieces with the forceps, and in the pieces extracted I could plainly see the cause of the sponge adhering so firmly—the granulations had sprung up and insinuated themselves into the interstices of the sponge, and, having locked themselves fast into the sponge, when I would pull off a piece, I would break off the granulations and cause bleeding. I saw the best thing to be done was to let it alone. My patient was out in about fourteen days on crutches, and in about six weeks was entirely well. The sponge was never removed, only by absorption.

Now I will describe my treatment for ulcers. The size of the ulcer makes no difference. I first cleanse the ulcer with castile soap-suds, then dry it off, and, having previously prepared my sponge, I place it on the ulcer. The next thing to be done is to place over the sponge a piece of lead foil sufficiently large to cover the sponge; then, over that a rubber bandage to hold the sponge and foil down in such a manner as to make equal pressure, but not so tight at the same time as to interfere with the circulation. The bandage and lead foil must be removed twice a day, for the purpose of dressing the ulcer, being very careful not to lift the sponge out of the ulcer. I generally use for washing and disinfecting the ulcer and sponge the following: Equal parts of distilled water, glycerine and Listerine; or the following:

R Aqua dist., glycerine, aa $\overline{3}$ ij:

Acidi carbolici, 95 per cent., 3ij.

M I use either of these by means of a small syringe.

After dressing the sponge and ulcer in this way, I replace the foil and bandage as before. In a very few days you find the sponge will not fall off so very easily, for the granulations having sprung up and locked themselves into the interstices of the sponge hold it fast, at the same time absorption of the sponge is going on. So by the time the ulcer is healed the sponge is absorbed. This gives the doctor no trouble, and the patient can attend to it himself. Rest, at the same time, is a very great desideratum, though I have cured very many cases where the patient continued to follow his daily avocation. The preparation of the sponge is of

great importance. I select a very fine sponge (a surgeon's sponge), wash it clean in distilled water, then immerse it in nitric acid c. p., for the purpose of cleansing it of all lime or other earthy matter that may be in it. I rinse it through a half dozen washings of water to get the acid out as nearly as possible; then I immerse it in carbolized water, when it is ready for use. The sponge must be cut a little larger than the ulcer, and very thin. The sponge acts at the same time as a protection to the granulations, and keeps them from being destroyed.—*Weekly Medical Review*.

CASES TREATED WITH CELERINA.

CASE 1.—Miss D., aged 18.—Neuralgia affecting the left eye and lid, extending downward to the cheek, all molar teeth on the left side aching.

Pain, of burning, shooting character, principally severe at anterior, superior portion of orbit. Wished to have teeth extracted, presuming they were the cause. Dentist found them sound, suggested medical treatment. After quieting present pain with Jamaica dogwood, I gave,

R Celerina, $1\frac{1}{2}$ oz.;

Syr. Simp., $2\frac{1}{2}$ oz.

Sig.: Teaspoonful every three hours.

This prescription was continued for two weeks, although the pain did not return after the second day. Patient reports, "better than for many years," appetite increased, and much better as to general health.

CASE 2.—Mrs. L. F., Atonic dyspepsia. This case was one of long standing and of an intermittent type. Occasionally an interval would elapse in which the stomach would partially perform its functions, but for the most time the introduction of food would cause pain, vomiting and persistent headache. Had tried various "foods," but with no benefit, patient wasted almost to a skeleton. Commenced with Celerina as in case 4, afterward increasing to teaspoonful doses. In one week patient could take freely of milk, sago, beef tea and other light foods. She now eats such things as can be easily digested, as oysters, &c. Though not entirely cured, she has

steadily advanced under the Celerina, experiencing only one drawback through her own imprudence.

CASE 3.—Headache, with vertigo and nausea, or what is commonly termed the toper's headache. This yielded readily to Celerina, and the patient attended regularly to business. In this subject, true to its name, it had been the result of a spree, and I have tested its efficacy on five different occasions.

CASE 4.—Mr. C. Y., lawyer.—Atonic dyspepsia; not so severe as case 2, and marked by a sensation of fullness after eating, be the meal ever so light, loss of appetite, bitter eructations. Responded readily to Celerina in teaspoonful doses, all feeling of fullness gone and appetite steadily increasing.

CASE 5.—Mr. R. D., 29 years.—This patient called on me for the relief of a partial impotency, the result of youthful excesses, and was very anxious to be cured, and that rapidly, as he had lately married, and was, as he expressed it, "in a queer box." Celerina in teaspoonful doses, with rest from excitement, and a daily ablution of the organ, was all that was necessary to make him happy.

CASE 6.—Headache similar to case 3, and presumably from the same cause, though denied. Yielded as readily to Celerina.

CASE 7.—C. A., 38 years, civil engineer.—Brain fag, caused by overwork and inappropriate food. Gave Celerina, alternated pil phosphori et nucius vom., and change of diet, with a short rest. The result was surprising both to the patient and myself, and was accomplished in the short space of one month. In fact I can scarcely realize that the pleasant faced individual whom I now see is the same who one month ago had as many complaints as a hysterical girl, and apparently the symptoms of every disease in any nosology.

CASE 8.—N. C., 22 years.—Spermatorrhea from masturbation. The trouble itself has been cured by the use of Celerina, but some of the effects yet remain, which however are all yielding to its potent influence.

CASE 9.—J. M., 17 years.—Nervous tremors and languor as case 8. Yielded after two weeks treatment with Celerina and cessation of habit.

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NIGHT TERRORS IN CHILDREN.

We are told, gentlemen, by the mother of this child that she has had, for over a year, the habit of starting up in the night and screaming as though in a great terror. She is five years of age. An examination shows no signs of disease. Her appetite is good, she digests well, her bowels are regular, in short, she appears to be in excellent health. She has what is known as "night terrors," an affliction which is apparently quite well known in certain families, attacking in succession each little one as it arrives at a certain age to allow of a recognition of the trouble. Unfortunately however, it is too often not understood by the parents, and we find those in charge of such children, endeavoring by threats and chastisement to break them of what they regard as a bad habit.

Such children should be regarded as subjects for the exercise of the greatest kindness. I am firmly convinced that want of proper care and treatment of this affliction will lead, in some cases, to insanity more or less pronounced, to imbecility, and always proves injurious to the child's mental powers.

We often find it associated with nocturnal incontinence. Frequently the first symptom complained of is the "wetting of the bed." In fact, I have often had a child brought to my clinic for relief of this symptom, and upon inquiry I would find that it also had this habit of starting up with loud screams of terror, which the mother had regarded as of no consequence, save from the annoyance thus occasioned in the household. This incontinence of urine, in most, if not all cases, is, I believe, the result of the fright. As in hysteria or other forms of nervous disturbances, the sphincter vesicae gives way, and the contents of the bladder are thus involuntarily discharged.

I am satisfied that this ailment often commences at a very early age. Those who have opportunity for studying the cases of many children will find instances constantly occurring where even the young infant will scream out in its sleep and start up with every indication of terror, only to be quieted by fondling and the presence of some one whom it regards as able to protect it.

In some children it is seen even as late as the age of puberty,

and in such cases the subject of it will experience the most unaccountable dread of the approach of night, or of darkness, and will gladly welcome anything in the shape of a companion.

The actions of its victims are very various under an attack. One child will spring from its bed, and with fearful screams rush to a place of safety, it may be to its parent's arms, it may be to a crowded room, regardless of its scanty attire or any other matters. Another will walk, without uttering a sound, with eyes wide open and face as if fixed in fear, and apparently walking in its sleep, yet on reaching a supposed place of safety it will convulsively sob and clasp hold of some one as if fearing pursuit. A third will in its fear cover its head with the clothing and lie quivering in dread until it falls into an uneasy slumber, from which it wakes in the morning, unrefreshed and with aching head.

The causes have been supposed to be the presence of worms in the intestinal tract, especially of that form known as "seat" worms, which by reflex excitement induce this nervous affection; indigestion, as when the child has been allowed to load its stomach with trash, or even with good food in too great quantity; nervous excitement in older children, as from foolish stories or injudicious reading; mental strain, as from too close study, or from cares beyond endurance at so early an age.

The prognosis depends greatly upon the length of time that the case has lasted, the causes when known and the possibility of their removal, and the nerve powers of the subject. A child born of a mother of highly excitable disposition inherits to a marked degree its mother's infirmity, and when it becomes liable to such attacks is always difficult of cure; in some cases relief comes only after a long persistence in the appropriate treatment, or as the child grows to maturer years, other nervous disturbances come in to supplant it.

The treatment will be, as in all cases of disease in children, to follow the indications, and act accordingly.

Always try to prevent an attack by insisting upon a light supper of easily digested food. Avoid all stimulants, as coffee or tea, for the evening meal. Let the child sleep in a room sufficiently lighted that the eye may not be compelled to strain its

powers in the endeavor to make out each object in the room. It must be remembered that in a dim light even a well-known object frequently takes on a weird, uncanny appearance. The child should be covered with sufficient clothing to preserve a natural warmth, yet not overburdened, as this alone will make it restless and liable to sleep imperfectly, thus predisposing to an attack.

Should an attack occur, soothe it in the kindest manner. Never by harsh words or blows endeavor to subdue the excited condition. It is far better for the mother or nurse to lie down by the child, and by such presence enable it to sink into slumber with a feeling of confidence and safety.

The general treatment will be in this case the exhibition of bromide of potassium, say five grains in a drachm of syrup simplex every four hours.

Note.—This child returned at the end of ten days so much improved that the mother declared it perfectly well. The child had ceased to exhibit any restlessness, and no longer screamed at night.

As I told you at the outset, in all cases of diseases of children it is advisable to prescribe for indications. Generally a most excellent tonic for children is a combination of phosphoric acid and iron. In these cases such a tonic is usually required and proves of value. Where evidence exists of a general want of tone I order:

℞ Potas. bromidi, gr. Lr
Ac. phos. dil.
Tr. ferri chlor. aa., f3ij.
Syr. limonis.
Aquae, aa. f3ijss.

℥ Teaspoonful every four hours for a child from three to five years of age.

You will remember that I prefer in all cases of children's diseases to begin with a small dose and increase its frequency or its size as indication may demand.

The treatment where this affection seems to be connected with parasitic trouble will be adverted to as such cases occur.—*W.B. Atkins in Archives of Pediatrics.*

WHITE OF EGG IN OBSTINATE DIARRHŒA.—Celli has recently called attention to the curative properties of the albumen of hen's eggs in severe diarrhœal affections. In a discussion before the medical society of Rome, he advocated its use, and related two cases of chronic enteritis and diarrhœa, which, having resisted all therapy, speedily made complete recoveries under the use of albumen. The same diet is strongly recommended in the diarrhœa accompanying febrile cachexia, and in that of phthisis. In two cases of diarrhœa dependent on tertiary syphilis, it was found of no avail. On post-mortem examination, diffuse amyloid degeneration of the arterioles of the villi was found in these cases. The mode of administration is as follows: The whites of eight or ten eggs are beaten up and made into an emulsion with a pint of water. This is to be taken in divided quantities during the day. More may be given, if desired. The insipid taste can be improved with lemon, anise or sugar. In case of colic, a few drops of tincture of opium may be added.—*Algemeine Medicinische Central Zeitung*, October 8, 1884.

